

Kentucky Department of Education CACFP  
**SFA Special At-Risk Site Verification Form**

**Sponsor Name:** \_\_\_\_\_ **CNIPS #:** \_\_\_\_\_

**Facility Information:**

Center/Site Name:							
Street Address:							
City:		State:		Zip:		County:	
Phone Number:	(    )	Extension:		Fax Number:	(    )		

**Email:** \_\_\_\_\_

**Program Contact** \_\_\_\_\_

**1. Type of Facility**

At-Risk Site- Qualifying Data \_\_\_\_\_

Name of the School Used for Qualifying Data if different from the center/site name  
\_\_\_\_\_

- Must be located in attendance area of public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-price meals.

**2. Site Operational Information:**

a. School Hours: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

b. At-Risk Program Hours: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

c. Days of the week meals will be claimed:

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

**3. Meal Service Information:**

a. Meal Types to be Claimed:

At-Risk Snack		At-Risk Supper
<input type="checkbox"/>		<input type="checkbox"/>

**4. Meal Time Information:**

Note: Center Meals: Minimum two hours/Maximum three hours

At Risk:

	Start	Finish
At-Risk PM Snack	_____	_____
At-Risk Supper	_____	_____

**5. Method of Meal Service:**

- ☐ Center prepares meals on-site (contract not required)
- ☐ Center receives meals from another center or central preparation site owned by the sponsor (contract not required)
- ☐ Center contracts with local public school system
- ☐ Center contracts with another approved CACFP center with which it is not affiliated
- ☐ Center contracts with a registered caterer

**6. Estimated Number of Participants by Age Group:**

\_\_\_\_\_ Infants (under 1yr.)      \_\_\_\_\_ PreK (1yr.-4yr.)      \_\_\_\_\_ Elementary (5yr. to 11yr.)  
\_\_\_\_\_ Middle (11yr.-14yr.)      \_\_\_\_\_ High (14yr.-18yr.)      Total: \_\_\_\_\_

**7. List Names of Personnel Responsible for CACFP Administration and Food Service:**

<b>Name:</b>	<b>Program Labor or Administrative Duties</b>

**8. Fax or email a copy of the district calendar to CACFP Branch**

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Sponsor CNIPS #:\_\_\_\_\_

Sponsor:\_\_\_\_\_

Site CNIPS #:\_\_\_\_\_

Site Name:\_\_\_\_\_

9. Enrichment Activities I certify that all information on this Site Information Form is true and correct.

Enrichment Activity (Tutoring, physical activity, club, etc.)	Supervisor/Leader/Instructor Name	Location (Library, gym, classroom, etc.)	Day(s) of the Week	Time Begin/End	Age Range Infant, PreK, Elem., Middle, High

I certify that all information on this Site Information Form is true and correct.

Signature of Authorized Representative

Printed Name

Title

Date